Lister the Pepervicit Reduction Act of 1995, no persons site required to respond to a collection of information unless it displays a yelld OMB control number. Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I Ol · (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR SMALL ENTITY NUMBER FLED NUMBÉR EXTRA BASIC FEE RATE (T FEE (1) 17 CFR 1.16(1), [6], or [c]] NA RATE (1) NIA SEARCH FEE NA EEE rsi 150.00 (1) CFR 1 16(H, N, or (m)) N/A · N/A 300.00 NA EXMINATION FEE PI OFR 1.16(4, 6), or (4) NVA \$250 N/A NA \$500 N/A TOTAL CLAMS NA \$10a P) OFR 1:16(1) NIA \$200 minus 20 . X\$ 25 HOEPENDENT CLAIMS X\$50 (37 CFR 1.16(N)) OR minus 3. e X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (3) CFR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= +360= "If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN CLAIMS OR HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT: AFTER AMENDMENT RATE (1) PREVIOUSLY EXTRA ADDI-RATE (1) PAID FOR TIONAL. ADDL Total DI OFR 1,10()) Minus FEE (4) TIONAL X\$ 25 FEE (1) Independent DI CFR LIGHT 3 X\$50 Minus OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER AMENOMENT RATE (\$) PREVIOUSLY ADDI: EXTRA RATE (#) Total er ore Light PAID FOR TIONAL ADDI-FEE (1) TIONAL Minus FEE (1) Independent PICFR LIGAD X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360z OR TOTAL.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Collection of information is required by 31 CFR 1.16. The information is required to obtain or retain, a barriett by the public which is to file (and by the indirection) and enterprise and enterprise the completed southern and enterprise the completed southern form to the USPTO. The will vary depending upon the individual case. Any companies did gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments the smooth of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of the Chief Information Officer U.S. Patient of the Chief Information Officer U.S. Patient of the Chief Information Officer U.S. Patient Offi Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS